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Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional application under 37 CFR 1.53(b))</small>		Attorney Docket No.: First Named Inventor: Title: Express Mail Label No.:	1282-8CIP Ronald P. Spinello DENTAL ANESTHETIC INJECTION APPARATUS AND METHODS FOR ADMINISTERING DENTAL INJECTIONS EV 171218511 US
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APPLICATION ELEMENTS <small>See MPEP chapter 6000 concerning design patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages - 45] <i>(preferred arrangement set forth below, MPEP 1503.01)</i> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawings(s) (37 CFR 1.152) [Total Sheets - 24]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages - 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) a. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b)</i></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
ACCOMPANYING APPLICATION PARTS		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: ...PTO-2038 Form.....</p>		

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. 10/347,668

Prior application information: Examiner: _____ Group Art Unit: 3763

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label *(Insert Customer No. or Attach bar code label here)* or Correspondence address below

Name	GALGANO & BURKE				
Address	300 Rabro Drive, Suite 135				
City	Hauppauge	State	New York	Zip Code	11788
Country	USA	Telephone	631-582-6161	Fax	631-582-6191
Name (Print/Type)	Daniel P. Burke	Registration No. (Attorney/Agent)			30,735
Signature	<i>Daniel P. Burke</i>	Date <u>9/17/03</u>			September 17, 2003

03945 U.S. PTO
09/17/03

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FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2000. Patent fees are subject to annual revision

 Applicant claims small entity status.

See 37 CFR1.27

TOTAL AMOUNT OF PAYMENT (\$642.00)

Application Number:
Filing Date:
First Named Inventor:
Examiner Name:
Group Art Unit:
Attorney Docket No.:

Complete If Known

To Be Assigned

September 17, 2003

Ronald P. Spinello

3763

1282-8CIP

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number: 07-0130

Deposit Account Name: Galgano & Burke

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below
 Credit any overpayments
 Charge any additional fee(s) during the pendency of this application **except for issue fee**
 Charge fee(s) indicated below, **except for filing fee** to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	375.00
1002	330	2002	165	Design filing fee	_____
1003	520	2003	260	Plant filing fee	_____
1004	750	2004	375	Reissue filing fee	_____
1005	160	2005	80	Provisional filing fee	_____

SUBTOTAL (1) (\$ 375.00)

2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims	45 - 20** = 25	x 9.00 = 225.
Independent Claims	4 - 3** = 1	x 42.00 = 42.
Multiple Dependent	0	= 0.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$267.00)

**or number previously paid, if greater;

For Reissues, see above

SUBTOTAL (3) (\$0.00)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

COMPLETE (if applicable)

Name (Print/Type) Daniel P. Burke

Registration No. 30,735

Telephone: 631-582-6161

Signature 

Date: September 17, 2003

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